

FILED DEC 1 1950

STANDARD CERTIFICATE OF DEATH

39287

State File No.

BIRTH NO.		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>3069</u>		Registrar's No. <u>2757</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond Heights</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		<u>2069</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>5220 Lotus St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Cecelia</u>		b. (Middle) <u>A</u>		c. (Last) <u>Scott</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 14 1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 25, 1893</u>		9. AGE (In years last birthday) <u>57</u>	10. UNDER 1 YEAR Months <u>7</u> Days <u>25</u>	11. UNDER 1 HRS. Hours <u>5</u> Min. <u>5</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>File Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Western Union</u>		11. BIRTHPLACE (State or foreign country) <u>Washington, D.C.</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>William Carter</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Slavin</u>		14. NAME OF HUSBAND OR WIFE <u>William A. Scott</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>494-10-9607</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Marie Nolan, 5220 Lotus St.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Brain Tumor</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Medullary failure</u>				INTERVAL BETWEEN ONSET AND DEATH <u>approx 4 years</u> <u>193X</u>	
19a. DATE OF OPERATION <u>Oct. 12, 1950</u>		19b. MAJOR FINDINGS OF OPERATION <u>Infiltration of left cerebral hemisphere by tumor</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Oct 5, 1950</u> , to <u>Nov. 14, 1950</u> , that I last saw the deceased alive on <u>Nov. 14, 1950</u> , and that death occurred at <u>51. M</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Frank A. Palazzo MD</u>				23b. ADDRESS <u>16 Hampton Village Plaza</u>		23c. DATE SIGNED <u>Nov. 16, 1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 18, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>11/16/50</u>		REGISTRAR'S SIGNATURE <u>Herbert R. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Cullinane Bros. 3320 N. Kingshighway</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No.

Signed Fred Frick

Licensed Embalmer No. 3186

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.